2010

11785

Promise Hospital of East Los Angeles-East L.A. Cam

Los Angeles

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Provide the Hospital Owner and Year of Report per Section 130061(e)

Facility Number:	11785	
Facility Name:	Promise	Hospital of East Los Angeles-East L.A. Cam
Address:	443 S. S	oto St.
City:	Los Ang	eles
Hospital Owner/Lice	ensee:	Promise Hospital of East Los Angeles, L.P
Year of Repo	orting:	2010
Contact 1 e-mail Ad	dress:	
Contact 2 e-mail Ad	dress:	
Contact 3 e-mail Add	dress::	
Name of Sub	mitter:	Lin Lindstedt
Submission	Date:	1/25/2011 3:00:00 PM

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 01	Buildi	ng Name: Administration / Clinic Buil	lding	
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 03	Buildi	ng Name: Hospital Building A		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	21 Inpatient 5166 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
X Pediatric/Adol escent	Inpatient Beds	5 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	X Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	X Pharmaceutical Dietetic	X Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	X Administration X Support	Renal Dialysis Outpatient
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Services	Surgery
		Total Beds this Building 26	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 04	Buildi	ng Name: Hospital Building B		
Type of Service Prov	<u>rided</u>			
X Nursing	Inpatient Beds	6 Inpatient 1754 Days	X Surgical	Obstetrical Recovery
X IntensiveCare	Inpatient Beds	4 Inpatient Days 1378	X Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	Support Services	Outpatient Surgery
	2000	Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 05	Buildi	ng Name: Medical Records		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services Obstetrical	Outpatient Surgery
		Total Beds this Building	Cesarean/Deliv	Central Plant

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Provide the number of inpaient beds and patient days per type of service per building per Section 130061(c)(1)(F)

Building Number: 06	Buildir	ng Name: Medical Record Offices		
Type of Service Prov	<u>rided</u>			
Nursing	Inpatient Beds	0 Inpatient 0 Days	Surgical	Obstetrical Recovery
IntensiveCare	Inpatient Beds	0 Inpatient Days 0	Anesthesia	Newborn/ WellBaby
Pediatric/Adol escent	Inpatient Beds	0 Inpatient Days 0	Clinical Lab	Emergency
Psychiatric Nursing	Inpatient Beds	0 Inpatient Days 0	Radiological/ Imaging	Nuclear Medicine
Obstetrical Ante/Postprtum	Inpatient Beds	0 Inpatient Days 0	Pharmaceutical Dietetic	Rehabilitation Therapy
Intermediate Care	Inpatient Beds	0 Inpatient Days 0	Administration	Renal Dialysis
Skilled Nursing	Inpatient Beds	0 Inpatient Days 0	X Support Services	Outpatient Surgery
		Total Beds this Building	Obstetrical Cesarean/Deliv	Central Plant

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Building Number:	01	Building Name:	Administration / Clinic Building		
Medical / Surgical	(Include GYN)	Acute Respira	tory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developn Disabled	nent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient (Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient C Bed	Inpatient 0 Days	0	0

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Building Number:	03	Building Name:	Hospital Building A		
Medical / Surgical	(Include GYN)	Acute Respira	atory Care	Acute Psychiatric	
Inpatient 21 Bed	Inpatient 5166 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care Nursery	e Newborn	Intermediate Card	
Inpatient 5 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developm Disabled	ent
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days		Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	26	26

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Building Number:	04	Building Name: Ho	spital Building B		
Medical / Surgical	(Include GYN)	Acute Respirator	ry Care	Acute Psychiatric	
Inpatient 6 Bed	Inpatient 1476 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care No Nursery	ewborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 2 Bed	Inpatient 577 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 2 Bed	Inpatient 577 Days	Inpatient 0 Bed	Inpatient 0 Days	10	10

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Building Number:	05	Building Name: Med	lical Records		
Medical / Surgical	(Include GYN)	Acute Respiratory	Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Care New Nursery	wborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days	0	0

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Building Number:	06	Building Name:	Medical Record Offices		
Medical / Surgical	(Include GYN)	Acute Respir	atory Care	Acute Psychiatric	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Perinatal (excluse	Newborn / GYN)	Burn		Skilled Nursing	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Pediatric		intensive Car Nursery	e Newborn	Intermediate Card	
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Intensive Care		Rehabilitation Center		Int. Care / developr Disabled	ment
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	Inpatient 0 Bed	Inpatient 0 Days
Coronary Care		Chemical Dependency		Total Beds this Building Per Unit	Total Beds this Building Per Service
Inpatient 0 Bed	Inpatient 0 Days	Inpatient Bed	0 Inpatient 0 Days	0	0

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For all buildings at the facility, indicate which ones are scheduled for general acute service removal.

Building Number	Building Name	Building to be Removed
01	Administration / Clinic Building	
03	Hospital Building A	
04	Hospital Building B	
05	Medical Records	
06	Medical Record Offices	

Report Year	2010 1178		mise Hospital of E . Cam	ast Los An	geles-E	East Los An	geles		Pa	age:15 of 25
For the b	uilding or buildings to	be remove	d from acute care	service, pro	ovide th	ne following:				
The planr	ected date or dates the ned uses of the buildin ient service currently	ng or buildi	ngs to be removed	I from acute	e care s	service per Sectio	n 130061(c))(2)(B)		
Building N	Number: 01	Administr	ation / Clinic Buildi	ing			Removal Date:		12/31/2012	
Planned I	Uses for the building	to be remov	ved from acute car	e service:						
Planned	use for building: Cli	nic		Jurisdict	ion:	Local Authority				
Inpatient	services currently del	livered in th	e building:							
	Nursing		Surgical			Obstetrical Cesarean/Deliv			Rehabilitation Therapy	n
	IntensiveCare		Anesthesia					_		
	Pediatric/Adol escent		Clinical Lab		Ш	Obstetrical Recovery		Ш	Renal Dialys	is
	Psychiatric Nursing		Radiological/ Imaging			Newborn/ WellBaby			Outpatient Surgery	
	Obstetrical Ante/Postprtum		Pharmaceutical		П	·			Central Plan	t
	Intermediate Care		Dietetic			Emergency				
	Skilled Nursing	X	Administration			Nuclear Medicine		X	Support Services	

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	01	Building Name:	Administration / Clinic	Building		
Type of Service	e Provided	ı	Surgical	Obstetrical	П	Rehabilitation
	Nursing		-	Cesarean/Deliv		Therapy
	IntensiveCare		Anesthesia	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby		
_	Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtur	m _	Dietetic	Nuclear Medicine	X	Support Services
	Intermediate Care	X	Administration			
	Skilled Nursing	g				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	03	Building Name:	Hosp	oital Building A				
Type of Service	e Provided							
			s	Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
X	Nursing			nesthesia				
	IntensiveCare	•				Obstetrical Recovery		Renal Dialysis
X	Pediatric/Adol	, [Clinical Lab				Outpatient
[/]	escent			Radiological/	Ш	Newborn/ WellBaby		Surgery
	Psychiatric Nursing			maging		Emergency		Control Diant
	Ob statical] [2	X F	Pharmaceutical	Ш	Emergency		Central Plant
	Obstetrical Ante/Postprtu	ım [Dietetic		Nuclear Medicine	X	Support Services
	Intermediate Care		Χ] Δ	Administration				
	Skilled Nursin		`` <i>F</i>	nuministration				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	04 Bu	lding Name:	Hospital Building B			
Type of Service	e Provided		_	_	_	
		<u> </u>	X Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy
X	Nursing	X	X Anesthesia			5 1511
X	IntensiveCare		\neg	Obstetrical Recovery		Renal Dialysis
	Pediatric/Adol escent	L	Clinical Lab	Newborn/		Outpatient Surgery
	Psychiatric		Radiological/ Imaging	WellBaby		cargory
	Nursing		Pharmaceutical	Emergency		Central Plant
	Obstetrical Ante/Postprtum			Nuclear		Support
	7 into/1 ootpitain		Dietetic	Medicine		Services
	Intermediate Care		Administration			
			Auministration			
	Skilled Nursing	I				

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number:	05	Building Name:	Medical Records						
Type of Service Provided									
			Surgical	Obstetrical Cesarean/Deliv		Rehabilitation Therapy			
	Nursing		Anesthesia						
	IntensiveCare	;		Obstetrical Recovery		Renal Dialysis			
	Pediatric/Adol	, [Clinical Lab			Outpatient			
	escent		Radiological/	Newborn/ WellBaby		Surgery			
	Psychiatric Nursing		Imaging	Emorgonov		Control Diset			
	Object a today and		Pharmaceutical	Emergency	Ш	Central Plant			
	Obstetrical Ante/Postprtu	m _	Dietetic	Nuclear Medicine	X	Support Services			
	Intermediate Care		7 Administration						
	Skilled Nursin	g L	Administration						

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Report any general acute care hospital inpatient service that is provided in any genaral acute care hospital building that is rated SPC-1 per Section 130061(c)(4)

Building Number: 06	Building Name:	Medical Record Offices	:					
Type of Service Provided								
		Surgical	Obstetrical Cesarean/Deliv	Ш	Rehabilitation Therapy			
Nursing		Anesthesia			Devel District			
IntensiveCare	. _	¬	Obstetrical Recovery	Ш	Renal Dialysis			
Pediatric/Adol escent		Clinical Lab	Newborn/		Outpatient Surgery			
Psychiatric		Radiological/ Imaging	WellBaby		,			
Nursing		Pharmaceutical	Emergency		Central Plant			
Obstetrical Ante/Postprtu	m _	_	Nuclear	Х	Support			
·		Dietetic	Medicine		Services			
Intermediate Care		Administration						
Skilled Nursin	g							

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 01 Building Name: Administration / Clinic Building							
Configuration .	Remove from GAC	C service by	1/1/2013				
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
1 1	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		F		Occupal Plant
	Intermediate		Dietetic		Emergency		Central Plant
	Care				Nuclear Medicine	X	Support Services
	Skilled Nursing	X	Administration				

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	: 03	Building Na	me: Hospital Build	ling A			
Configuration :	Remove from GAC	service by	1/1/2013				
Type of Service Provided							
X	Nursing		Surgical		Obstetrical Cesarean/Deliv	X	Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing	X	Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum	X	Pharmaceutical	П	Emergency		Central Plant
	Intermediate Care		Dietetic		Nuclear Medicine	X	Support
	Skilled Nursing	X	Administration		radical Medicine		Services

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number:	04	Building Na	me: Hospital Build	ing B				
Configuration:	Configuration Remove from GAC service by 1/1/2013							
Type of Service Provided								
X N	Nursing	X	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy	
X I	ntensiveCare	X	Anesthesia		Obstetrical		Renal Dialysis	
	Pediatric/Adol escent		Clinical Lab		Recovery			
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery	
	Dbstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant	
	ntermediate Care		Dietetic		Nuclear Medicine		Support	
	Skilled Nursing		Administration			Ш	Services	

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Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number	r: 05	Building Nar	me: Medical Records				
Configuration :	Remove from GAC	service by	1/1/2013				
Type of Service Provided							
	Nursing		Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
	IntensiveCare		Anesthesia		Obstetrical		Renal Dialysis
	Pediatric/Adol escent		Clinical Lab		Recovery		
	Psychiatric Nursing		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
	Obstetrical Ante/Postprtum		Pharmaceutical		Emergency		Central Plant
	Intermediate Care		Dietetic				0
	Skilled Nursing		Administration		Nuclear Medicine	X	Support Services

Report Year: 2010 11785 Promise Hospital of East Los Angeles-East L.A. Cam

Report the final configuration of all buildings on the hospital campus showing how each building will comply with the SPC-5/NPC-4 or 5 requirements whether by retrofit or by replacement and the type of service that will be provided in each general actue care hospital building per Section 130061(c)(5)

Building Number: 06	Building N	lame: Medical Record O	ffices			
Configuration Ro	emove from GAC service b	y 1/1/2013				
Type of Service Provided						
Nursin	ng 🔲	Surgical		Obstetrical Cesarean/Deliv		Rehabilitation Therapy
Intens	siveCare	Anesthesia		Obstetrical		Renal Dialysis
Pedia escen	tric/Adol t	Clinical Lab		Recovery		
Psych Nursir		Radiological/ Imaging		Newborn/ WellBaby		Outpatient Surgery
Obste	etrical Postprtum	Pharmaceutical		Con average as		Central Plant
	nediate	Dietetic		Emergency		Central Plant
Care		Administration		Nuclear Medicine	X	Support Services
Skilled	d Nursing	Auministration				

Report Status: **Data Last Update:** 01/13/2011 **Submission Date:** 01/25/2011 **Print Date:** 1/26/2011 8:38 AM